

Armed Forces College of Medicine AFCM



PHARYNX and LARYNX By

Prof. Dr.: Eman Habib

INTENDED LEARNING OBJECTIVES (ILO)



By the end of this lecture the student will be able to:

- 1. Identify general features of pharynx
- 2. Enumerate the cartilages of larynx
- 3. Identify laryngeal ligaments & membranes.
- 4. Identify laryngeal cavity, boundaries of inlet & rima glottidis.
- 5. State the sensory nerve supply of larynx.
- 6. Name intrinsic muscles of larynx ,their actions and nerve supply.

Lecture Plan



- 1. Part 1 (5 min) Introduction to pharynx
- 2. Part 2 (35 min) larynx
- 3. Part 3 (5 min) applied anatomy
- 4. Lecture Quiz (5 min)

Anatomy of the Pharynx

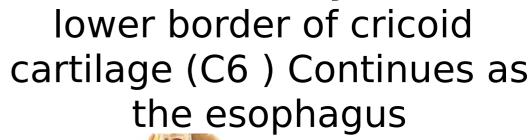


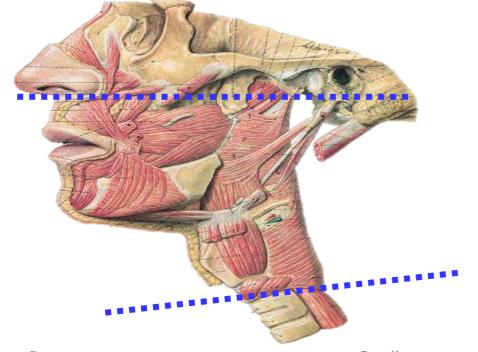
THE PHARYNX

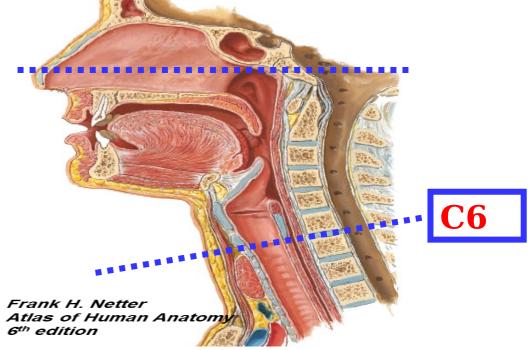


Definition: it is a half-cylinder muscular tube **Superiorly:** Inferiorly:

It begins at base of the skull



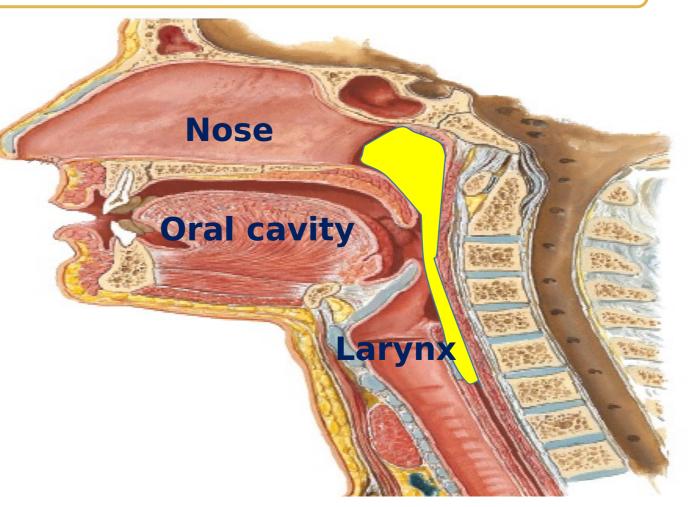




THE PHARYNX



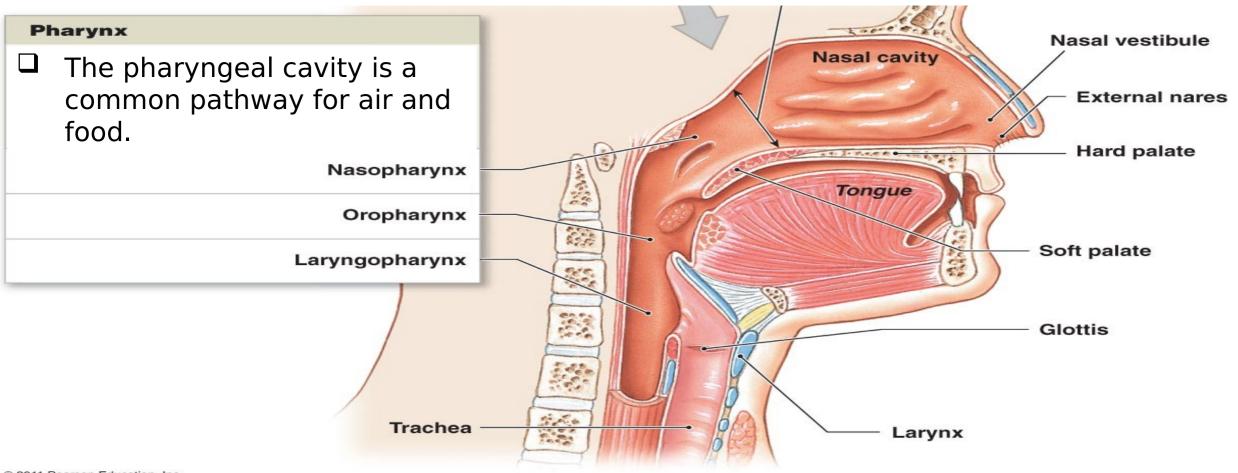
- situated behind nose, mouth & larynx.
- ☐ It connect the oral and nasal cavities in the head to the larynx and esophagus in the neck.



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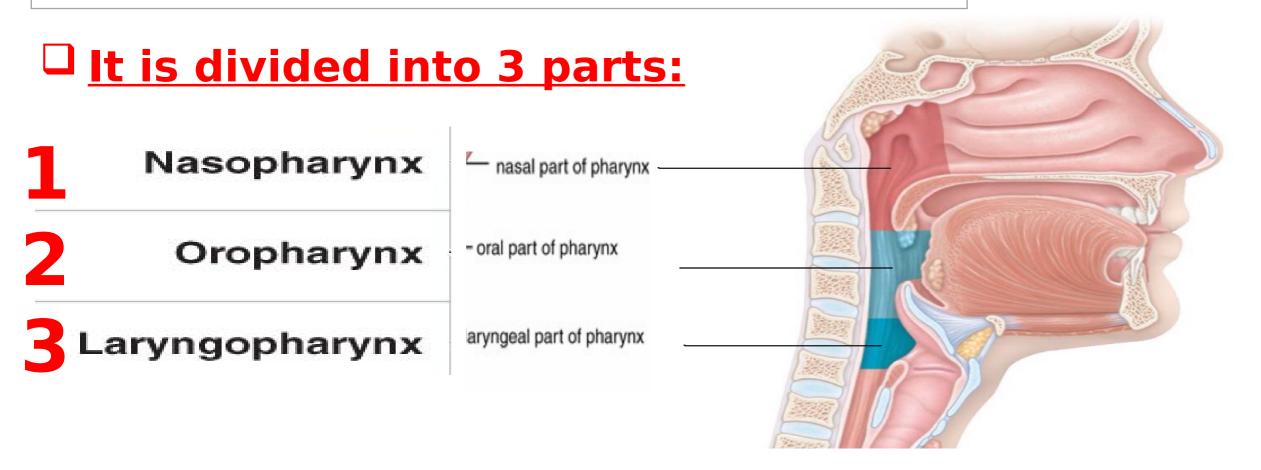
THE PHARYNX





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Parts of the PHARYNX



NASOPHARYNX

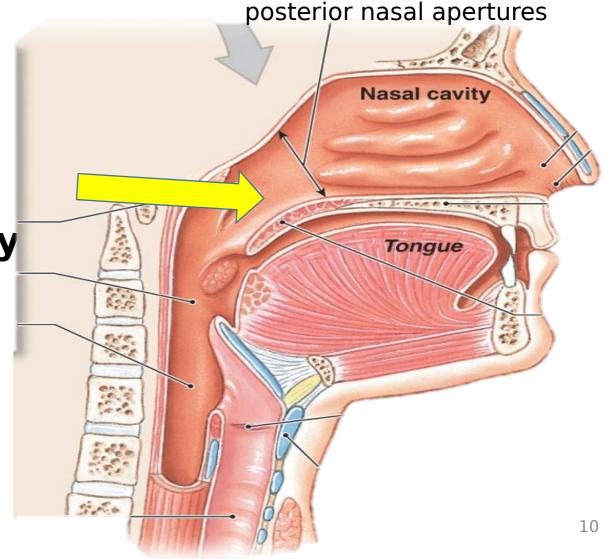
☐ lies behind the <u>nasal</u>

cavities

Its Anterior wall is missing

☐ Connected to the nose by the posterior nasal apertures (choanae).

☐ Its related inferiorly to Soft palate.

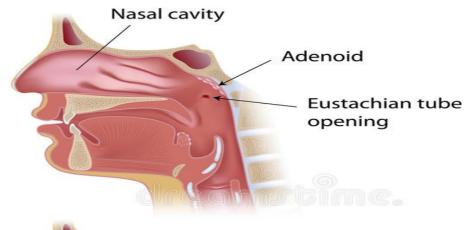


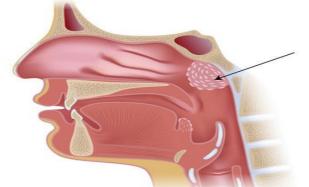
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NASOPHARYNX

pharyngeal tonsil

- = adenoids
- Increase in size till age :6-7 years
- Then starts to atrophy





Enlarged adenoid blocks eustachian tube and air passage

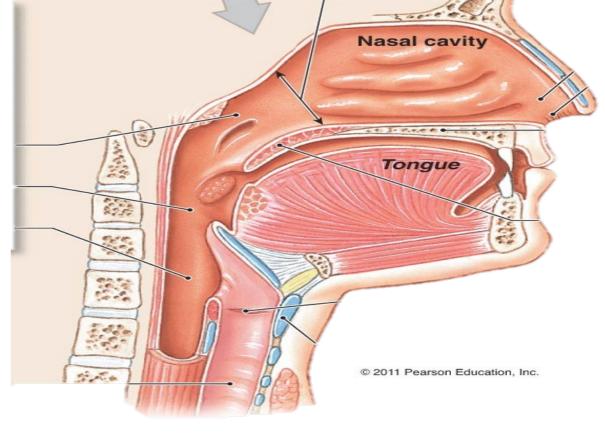
If enlarged in children it causes adenoids hypertophy

- obstructs air flow from nose to pharynx
- child breathes through mouth



Oropharynx

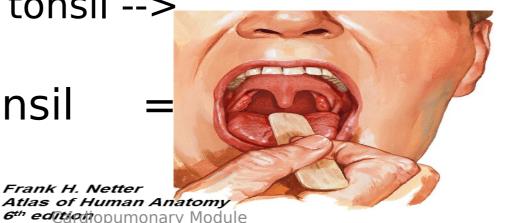
- ☐ lies behind the **oral** cavity
- ☐ with a large lymphoid mass lying in = palatine tonsil

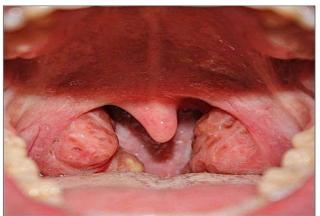


☐ Inflammed palatine tonsil --> tonsilittis

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☐ removal of the tonsil **Tonsillectomy**

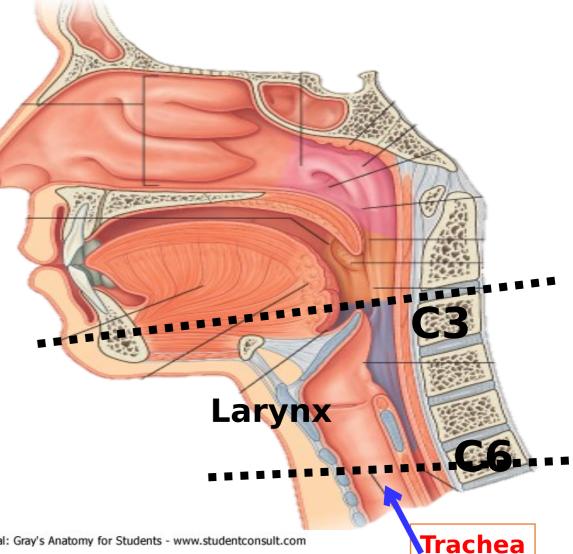






- ☐ Lies in midline of neck
- **□** extending from Epiglottis
 - (root of tongue)
- ☐ to (lower border of cricoid
 - cartilage = C6
- □ where it Continues as

Trachea



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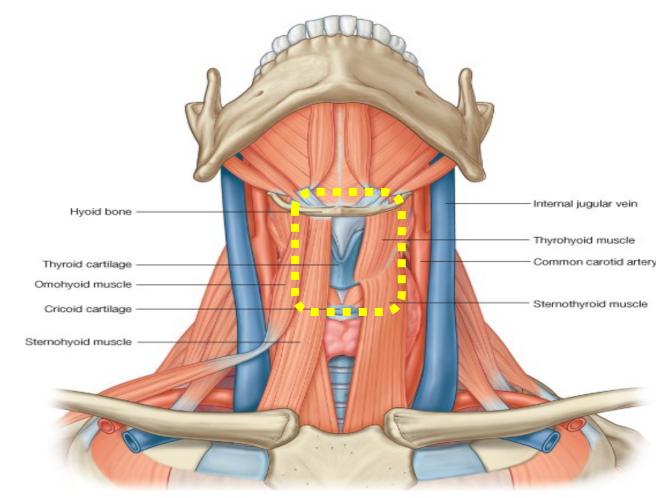
Relations:

Anteriorly:

- Skin
- Superficial fascia
- deep fascia
- infrahyoid muscles.

Posteriorly:

- laryngeo pharynx
- upper part of esophagus.



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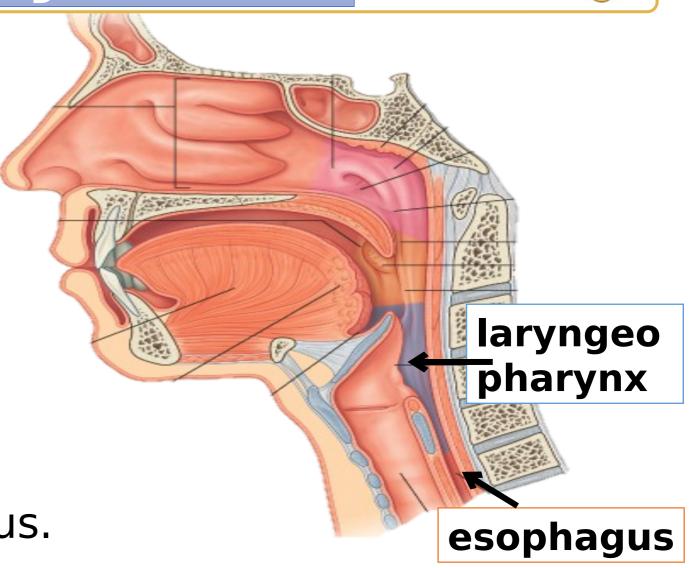
Relations:

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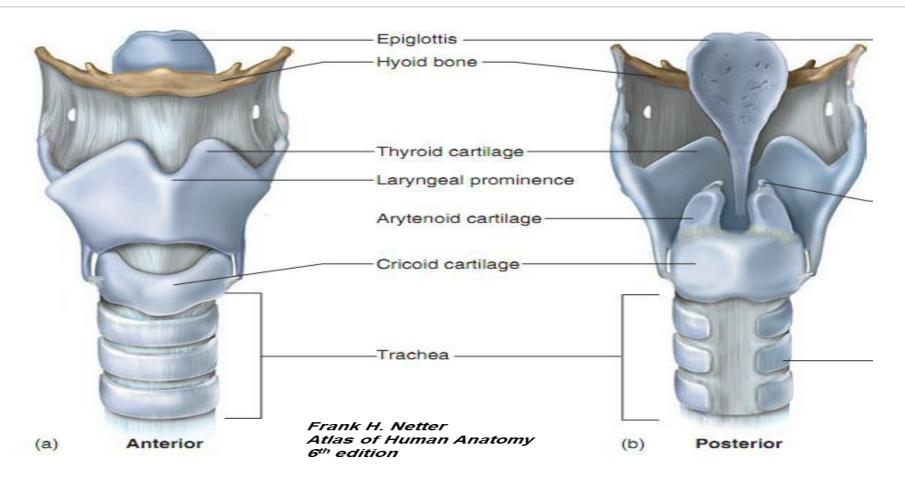
Posteriorly:

- laryngeo pharynx
- upper part of esophagus.





Cartilages of the larynx





Cartilages of the larynx

Single: 3

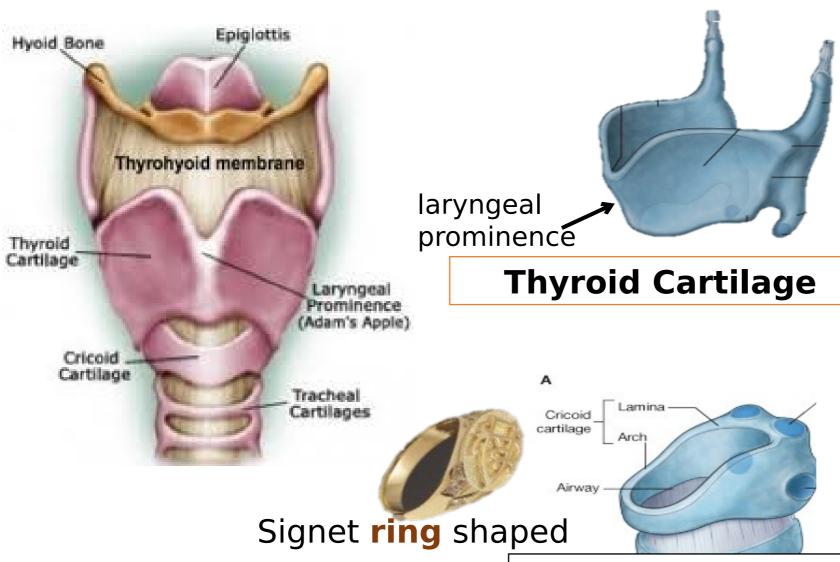
- Epiglottis
- ☐ Thyroid cartilage
- cricoid cartilage



Paired:

- Arytenoid
- Corniculate
- cuneiform.

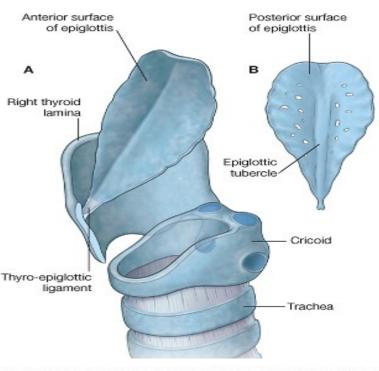
Single Cartilages of the larynx



Cardiopumonary Module

Epiglottis

Leaf shaped midline cartilage

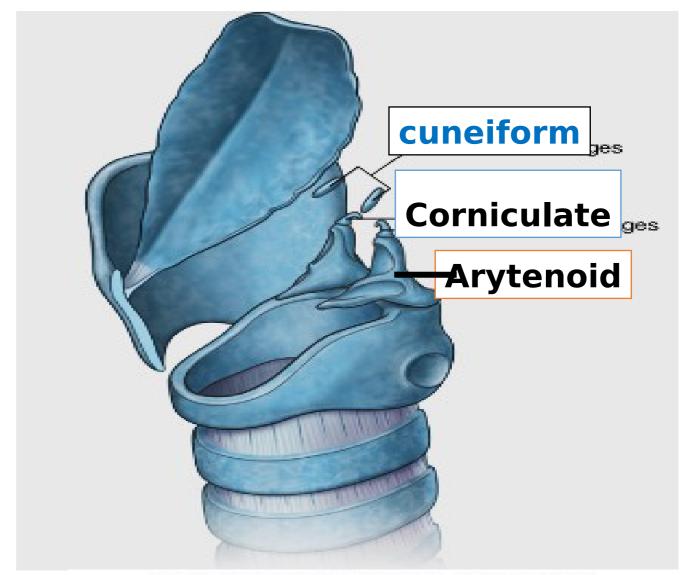


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Cricoid cartilage

Paired:

- Arytenoid
- □ Corniculate
- cuneiform.



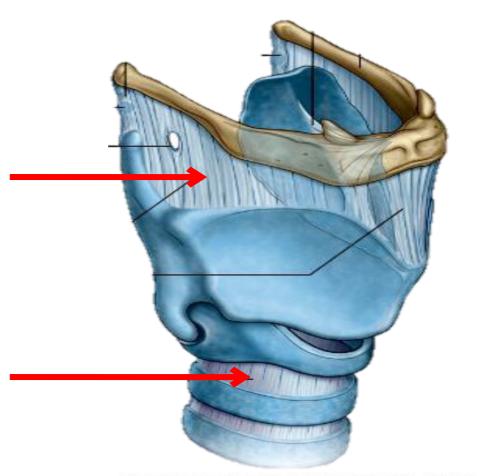
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Cardiopumonary Module

Extrinsic ligaments:

1-Thyro-hyoid membrane

2- Cricotracheal ligament



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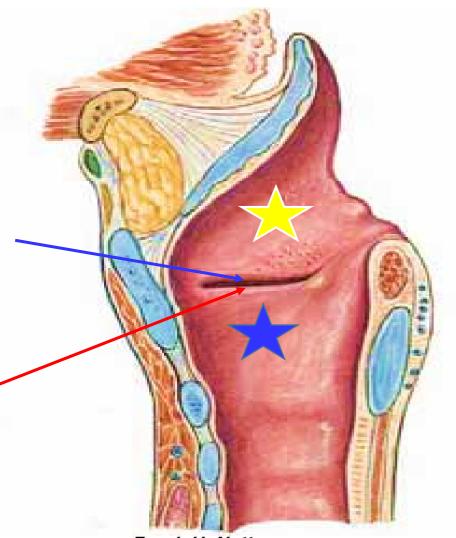
Vestibular Fold

True vocal folds

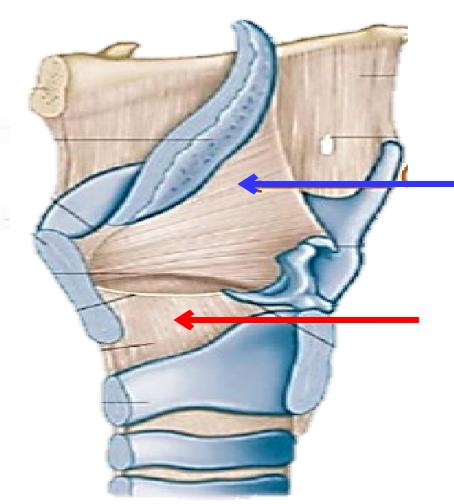
Vocal Fold







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Atlas of Human Anatomy
New Five Year Program

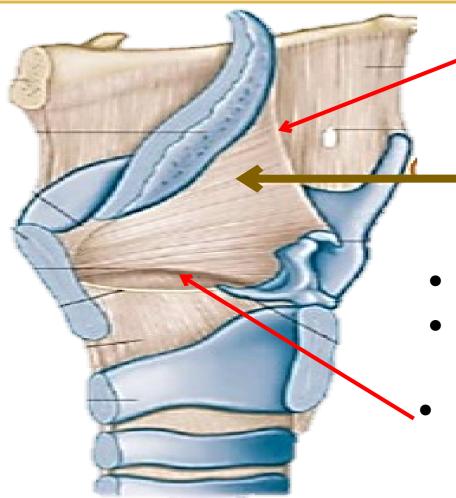


Quadrangular membrane

Cricothyroid membrane

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The free upper margin form Aryepiglotic fold

<u>quadrangular</u> <u>membrane</u>

It extends between epiglottis

to arytenoid and corniculate cartilage on the same side The free lower margin form the vestibular ligament under the vestibular fold (false vocal)

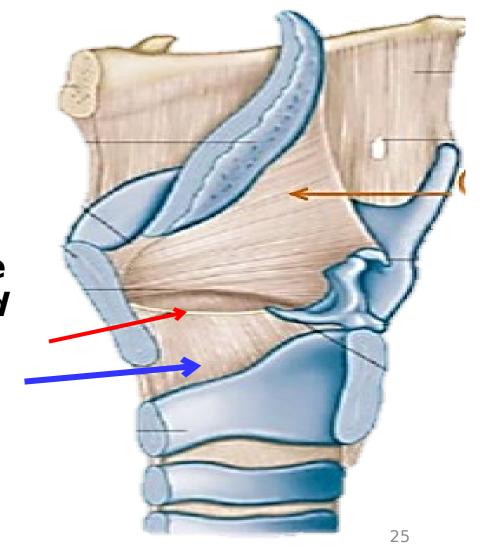
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cord).

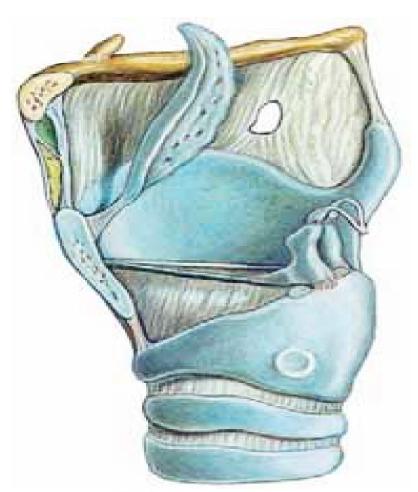


CricoThyroid Ligament

- ☐ It has a *free upper margin* which form
 - vocal fold (true vocal cord)
- ☐ It is attached to **arch of cricoid cartilage**
- Extented between thyroid cartilage and arytenoid cartilages (vocal processes)

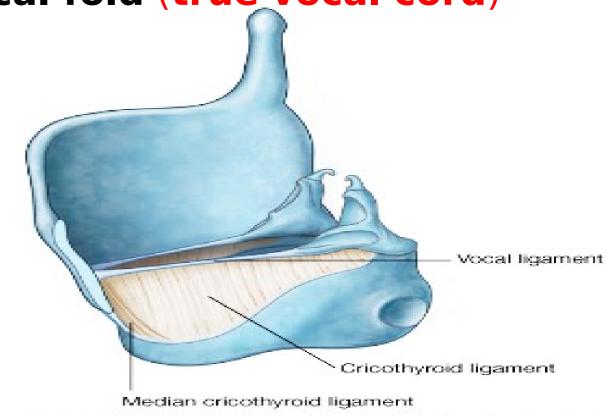






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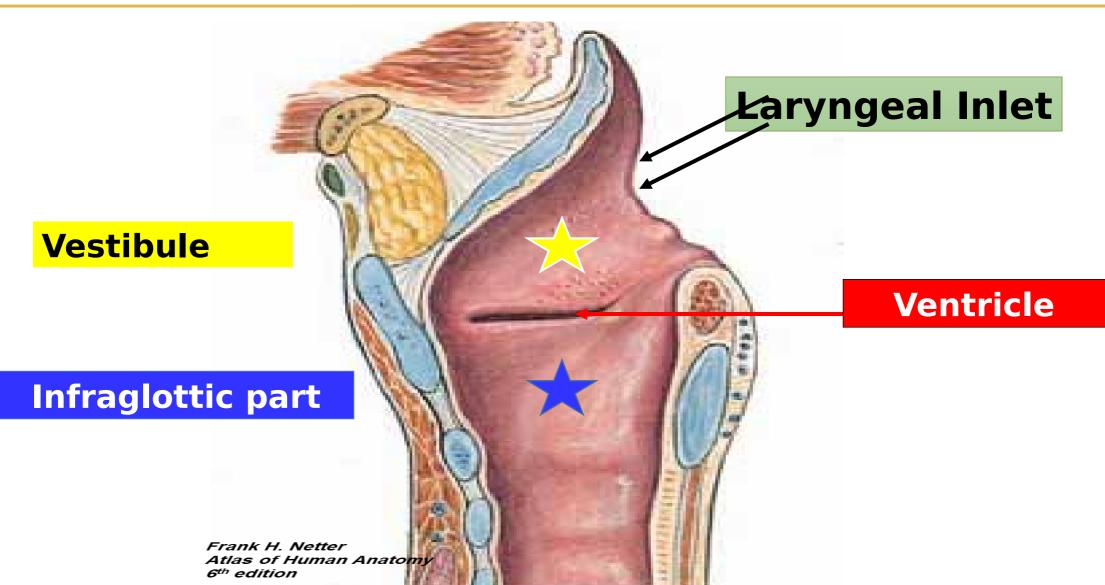
CricoThyroid Ligament
free upper margin form [
vocal fold (true vocal cord)



Intrinsic features:

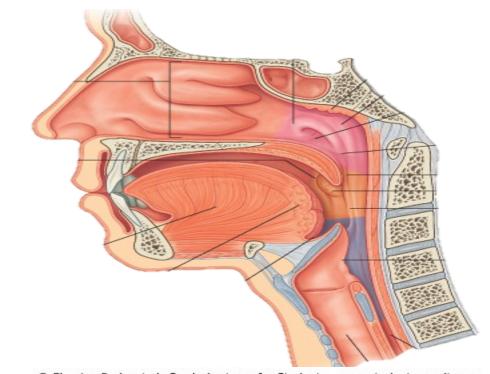
Cardiopumonary Module



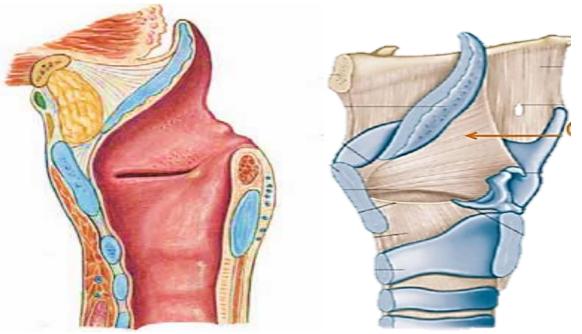


<u>Laryngeal Inlet:</u>

- > it is the superior aperture
- below and posterior to the tongue
- Anterior to <u>pharynx</u>
- *anterior border* → epiglottis;
- *► lateral borders* →
 - (aryepiglottic folds)
- posterior border → mucosal fold between the two corniculate tubercles

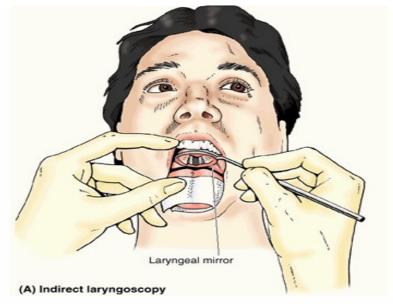


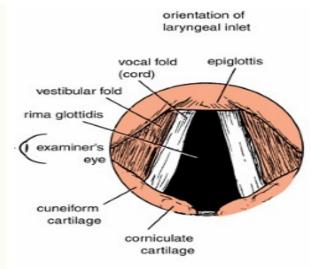
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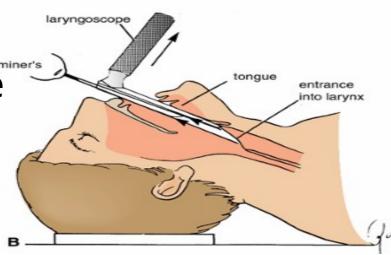


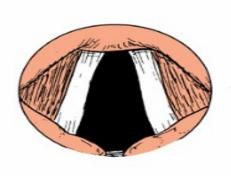
Inspection of the vocal folds (cords)
(A)indirectly through a laryngeal mirror
(B) through a laryngoscope

Note the orientation of the structures forming the laryngeal inlet.







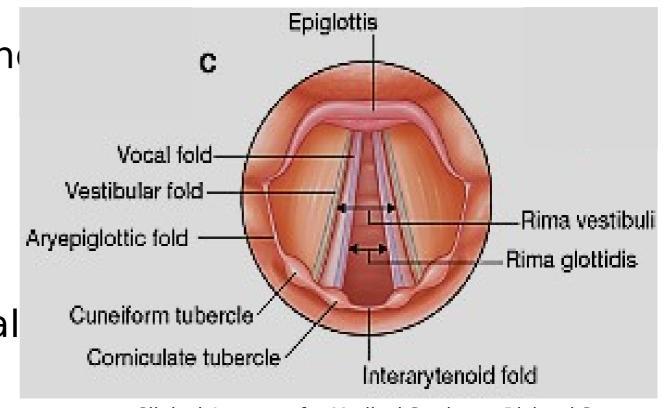


The Rima Vestibuli:

it is a triangular-shaped opening between the two adjacent vestibular folds

The Rima Glottidis

it is a narrower triangular opening between the two vocal folds.



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Movements of the Vocal Cords

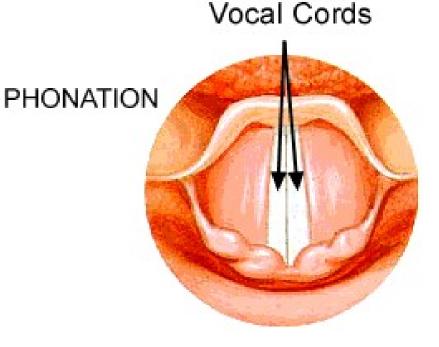
- Adduction
- Abduction



Folds closed (adducted)



Folds open (abducted)



Glottis (space between folds)

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MUSCLES OF THE LARYNX



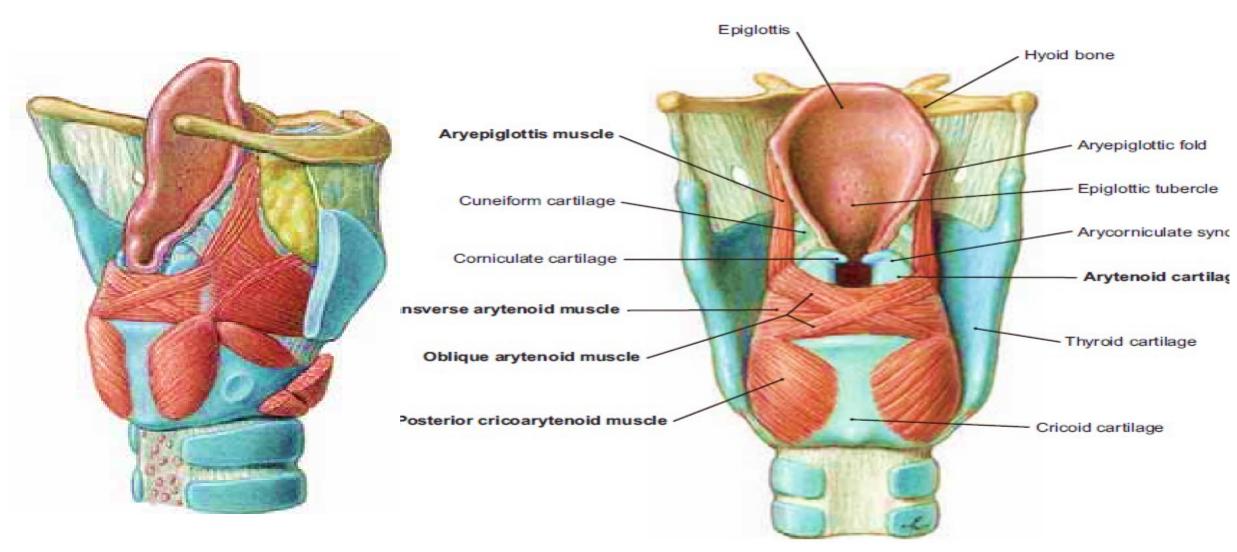
They connect different cartilages together

Their actions are:

- 1. adjust tension in the vocal ligaments,
- 2. open and close the rima glottidis,
- 3. control dimensions of the vestibule,
- 4. facilitate closing of the laryngeal inlet.

MUSCLES OF THE LARYNX

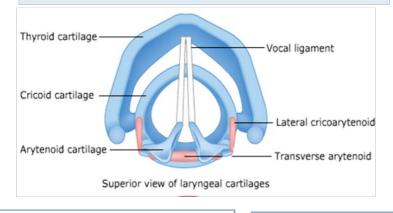




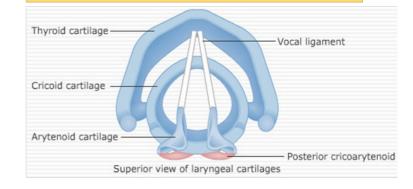
MOVEMENTS OF MUSCLES OF THE LARYNX



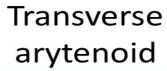
Adductors



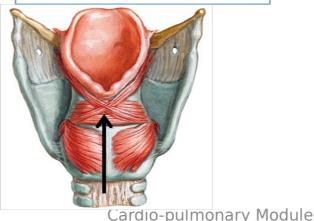
Abductor



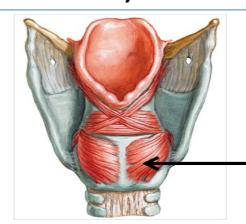
Lateral crico-arytenoid







posterior crico-arytenoid



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MOVEMENTS OF MUSCLES OF THE LARYNX



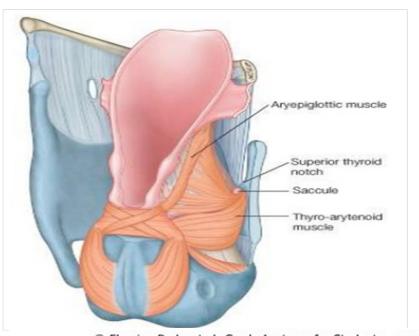
Increasing the Length = <u>Tension</u>
of the Vocal Cords

Muscle shortening = relaxing the Vocal Cord

Cricothyroid muscle

Cricothyroid muscle

Thyro-arytenoid muscle



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6th edition

Atlas of Human Anatomy

NERVE SUPPLY OF THE LARYNX



Vagus nerve

NERVE SUPPLY

Internal Laryngeal Nerve:

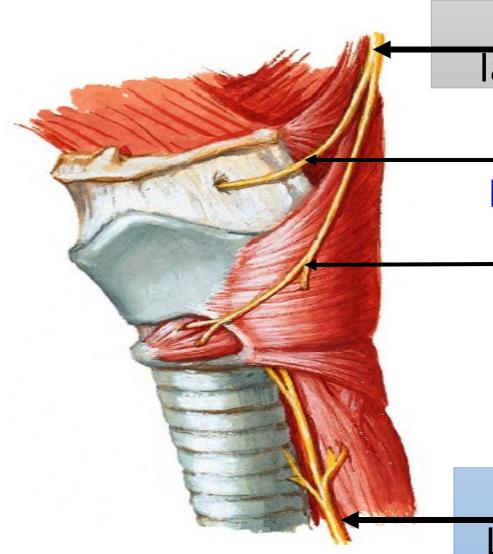
only sensory

External Laryngeal Nerve:

only motor

Recurrent Laryngeal Nerve: sensory and

motor



Superior Taryngeal N.

Internal Laryngeal N

External Laryngeal N

Recurrent Laryngeal N.

NERVE SUPPLY OF THE LARYNX



Motor supply:

ALL laryngeal ms. → by recurrent laryngeal n except *cricothyroid* →by external laryngeal n

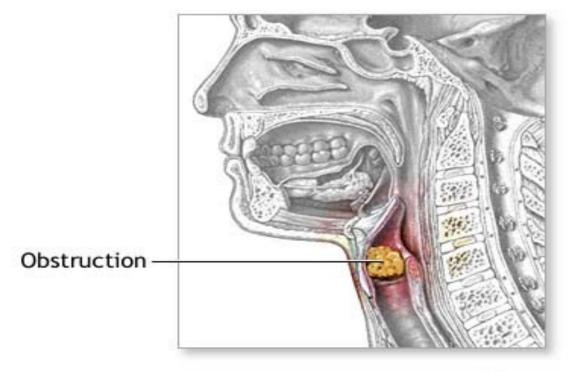
Sensory supply:

the mucosa **Above Vocal Cords** is supplied by **Internal Laryngeal Nerve**

the mucosa **Below Vocal Cords** is supplied by **Recurrent Laryngeal Nerve.**

What happen if a foreign body accidently enters larynx?

Universal sign of choking







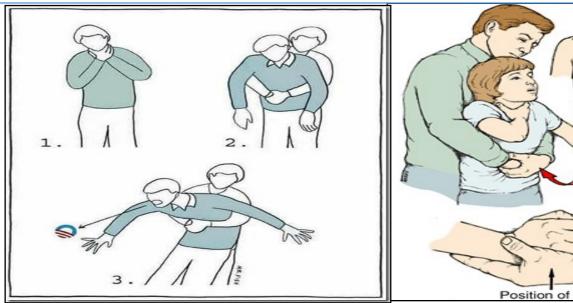
Different Procedures for Removing Foreign Bodies in Adults and Children

or placement of hands

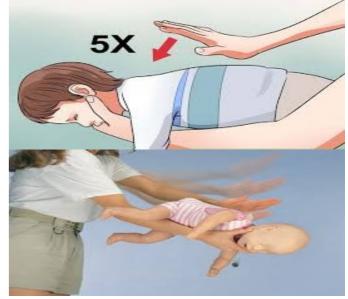
all maneuvers are directed toward the increase in intra-thoracic pressure to expel the foreign body from the airway.

(Heimlich maneuver)

children older than 1 year and for adults



Children younger than 1 year



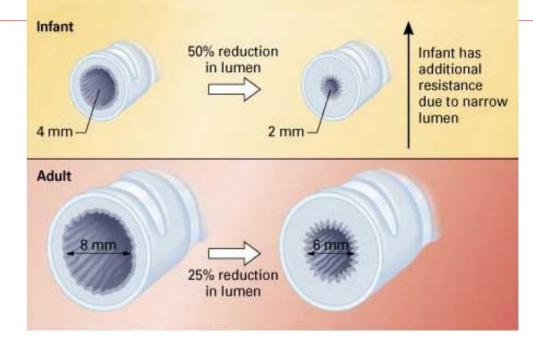
Epiglottitis

An acute inflammatory swelling of the mucous membrane of the epiglottis which can compromise the upper airway.

The inflammation may spread rapidly in the loosely arranged submucosa down to the vocal cords. The condition is most often seen in children where the narrow passageway quickly leads to upper airway

obstruction

Tripod position

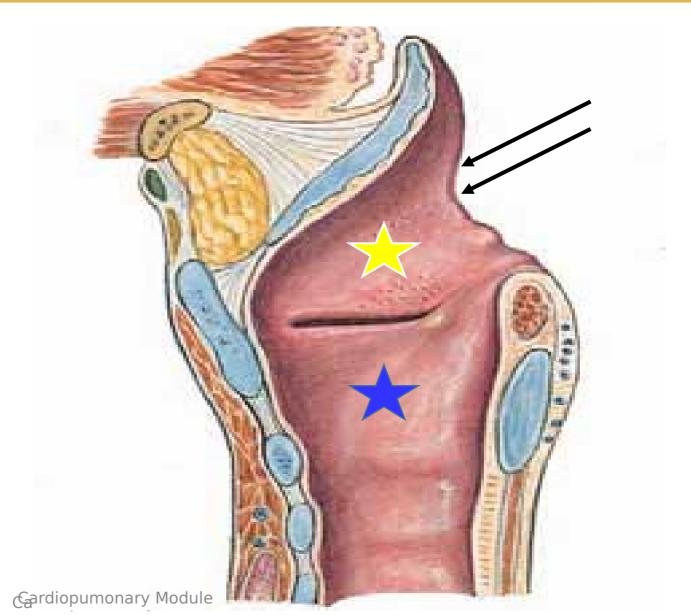


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Lecture Quiz



Identify the following structures



SUGGESTED TEXTBOOKS



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Gray's anatomy for students .